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Bib Data Sheet

CONFIRMATION NO. 6784

SERIAL NUMBER 10/037,614	FILING OR 371(c) DATE 01/04/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 1062/C54
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/06/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature Initials			
	STATE OR COUNTRY NH	SHEETS DRAWING 8	TOTAL CLAIMS <input checked="" type="checkbox"/> 10	INDEPENDENT CLAIMS 2

**ADDRESS**

2101

**TITLE**

Loading mechanism for infusion pump

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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